APPLICATION FOR ASSIGNMENT TO HOUSING						1. TYPE SERVICE DESIRED (X one or both)						
(Before completing form, read Privacy Act Statement and Instructions on reve							a MILITARY HOUSING		G	b. HOUSING REFERR	≀AL	
SECTION I - APPLICANT INFORMATIO	N											
2. NAME OF SPONSOR (Last. First, Middle	e Initial)	3. PAY GRADE		4. SS	N		S. DOD	COMPC	NENT			
6. ADDRESS (street. City, State, Zip Code)		7. TELEPHONE	NUMBER	!		8. ST	ATUS OF	APPLIC	ANT (X o	ne)	_	
o. ADDITEGO (sireet. Oily, State, 2p code)		a. HOME (Area Code)		b. DUTY (DSN)			a MILITAR			C. CIVILIAN		
							b. MILITAR	Y SPOUSE	E	d. FOREIGN NATION	NAL	
		9 MARITAL ST	9. MARITAL STATUS		10. I AM SEPARATED		FROM MY DEPENDE			1		
				a VOLUNTARILY			b. INVOLUNTARILY					
11. I REQUEST HOUSING FOR (x on				SECTION 11 - MILITARY CAREER			R INFORMATION (Civilians skip to item 15.)					
a SELF ONLY b. SELF AND DEPENDENTS					DATES (Enter in YYI			MILITARY APPLICANT MILITARY SPOUSE				
12. INSTALLATION/ ORGANIZATION TRANSFERRED FROM					ECTIVE RANK/RATE					WILLIAM OF GOV	-	
12. WO WEEK HOW OND WILL HIGH HOW HOW					b. ACTIVE DUTY SERVICE COMPUTATION			l				
					c. TIME REMAINING ON ACTIVE DUTY					_	_	
13. INSTALLATION/ ORGANIZATION TRANSFERRED TO					d. EFFECTIVE CHANGE IN DUTY STATION					_	_	
					e. REPORT DATE					_	_	
				f. ESTIMATED FAMILY ARRIVAL D								
SECTION III - DEPENDENT DATA				201			, <u> </u>	l			_	
15. DEPENDENTS RESIDING WITH N	/F /if mara anac	no in pooded, continue of	n Plain nanari								_	
13. DEI ENDENTS RESIDING WITTIN	IL (II more spac	b DATE OF	Т гал рарег)	Π							_	
a NAME (Lost, First, Middle initial)		BIRTH (YYMMDD)	c. SEX	d. RELATIONSHIP		e REN	REMARKS (Handicap, health problems, expected additions to family, etc.)					
			<u> </u>									
			<u> </u>									
SECTION IV HOUSING DATA												
16. COMMUNITY HOUSING DESIRED	(X as applicable)	T			T							
a PURCHASE HOUSE		d RENT HOUSE			g. RENT MOBILE HO	OME SPA	- 		<u> </u>	j ROOM AND BOARD		
b PURCHASE CONDOMINIUM		e RENT APARTMENT			h SHARE		k SUBLET			_		
c PURCHASE MOBILE HOME	f RENT MOBILE HOME		i RENT ROOM					TRANSIENT				
17. AMENITIES DESIRED (X as app			18. DATE HOUSING NEEDE			D 19. PRICE RANGE (Community Housing)						
a FURNISHED		e NO BATHS										
b UNFURNISHED		4 PETS (Allowed)										
c AIR CONDITIONING		q OTHER (explain)		20. LOCATION PREFERENCE (Community Housing)								
d. NO BEDROOMS												
21. REMARKS												
22. SIGNATURE OF APPLICANT									23. DATE SUBMITTED (YYMMDD)			
SECTION V DISPOSITION (To be o	ompleted by	y Housing Office.)						-				
24. MILITARY HOUSING												
a. APPLICATION RECEIVED (YYMMDD and time	b. APPLICATION EFFECTIVE (YYMMDD))			c. DD FORM 1747 PROVIDED (YYMMDD)				d. HOUSING AVAILABILITY (Boxes indicated on DD Form 1747				
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT (YYMMDD)			g. BEDROOMS REQUIRED				h. DATE UNIT - ASSIGNED (YYMMDD)				
SECTION VI HOUSING REFERRAL CER	RTIFICATE										_	
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services					In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Off ice.							
provided by the Housing Office, (2) the DOD program on equal opportunity for military personnel in off-base housing. and (3) nondiscrimination based on physical or mental handicaps.					25. SIGNATURE OF APPLICANT			26. DATE SIGNED				

APPLICATION FOR ASSIGNMENT TO HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5911 & 5912

PRINCIPAL PURPOSE: To identify customer needs for assistance and housing requirements

ROUTINE USE: None

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in out inability to assist you

GENERAL INSTRUCTIONS

This form provides the Housing Office with information that will be used to provide you with military and/or community housing. All items not listed are self-explanatory. SECTION I (APPLICANT INFORMATION), SECTION II (DEPENDENT DATA), and SECTION VI (HOUSING DATA) are to be completed by the applicant. Information in military spouses is now being requested for Basic Allowance for Quarters (BAQ) entitlement which must be included on your Military Pay Order that is forwarded to your respective financial center.

1. TYPE SERVICE DESIRED

Military Applicants: If temporary community housing is desired while awaiting military housing, mark both boxes in Item 1, and answer all questions.

Civilian Applicants: Mark the box "Housing Referral" services in Item 1b, and answer all questions.

SECTION I - APPLICANT INFORMATION

5. DOD COMPONENT

Army, Navy, Air Force, etc.

6. ADDRESS

Enter complete current address (street number and name, apartment number, city, state/county and 9 - digit ZIP code.)

12. INSTALLATION/ORGANIZATION TRANSFERRED FROM

Enter the name of the installation you transferred from.

13. INSTALLATION/ORGANIZATION TRANSFERRED TO

Enter the name of the installation to which you are applying for housing. Include the name of the Organization/Department you will be assigned to.

SECTION II - MILITARY CAREER INFORMATION

14. DATES (Military Applications/Military Spouse Only)

Enter dates in order of YYMMDD. (May 17, 1993, would be entered as 930515.)

- a. Enter the date your current rate/rank was effective.
- b. Enter your active duty service computation date.
- c. Enter the time (in months) that you have remaining on active duty.
- d. Enter the effective date you were dropped from accountability at your previous duty station and gained on the rolls at your new duty station for record purposes. For overseas assignment, enter your date of departure from CONUS.
 - e. Enter your official report date (from your PCS orders.)
 - f. Enter your estimated arrival date.

SECTION III - DEPENDENT DATA

15. DEPENDENTS RESIDING WITH ME

- a. through d. List requested data for all authorized dependents who will be residing with you.
- e. Provide the Housing Office with information regarding any handicapped dependent or special family health problems that might influence your preference for a particular type of housing; *i.e.*, *single level vs. two story, ramps for wheel chairs, expected additions to the family.*

SECTION IV - HOUSING DATA

16. - 21. Self-explanatory.

22. SIGNATURE

The applicant must sign the DD Form 1746.

23. DATE SUBMITTED

Enter the date the application was submitted to the Housing Office.

SECTION V - DISPOSITION (To be completed by the Housing Office)

24. MILITARY HOUSING

- a. **Application Received.** Enter the year, month, day and time the application was received in the Housing Office.
- b. **Application Effective.** Enter the date of the change of duty station *(Line 14d)* or other date that will be the effective *(control)* date.
- c. **DD Form 1747 Provided.** Enter the date that the DD Form 1747 was sent to the military applicant.
- d. **Housing Availability.** enter the item letter for the applicable box(es) marked under Item 4 of the DD Form 1747 returned to the applicant.
- e. **Applicant Placed on Waiting List.** Enter the identification of the assignment waiting list(s) to which the applicant is placed.
- f. **Effective Placement.** the effective date and time of the applicants placement on the list(s.)
- g. **Bedrooms Requirement.** Enter the number of bedrooms required, based on the dependent data in Item 15.
 - h. Date Unit Assigned. Enter the date the unit was assigned.

DD Form 1746, Sep 93 SN 0102-LF-017-6100